

CDP



Research Update -- July 11, 2019

What's Here:

- Psychological Burden of PTSD, Depression, and Their Comorbidity in the U.S. Veteran Population: Suicidality, Functioning, and Service Utilization.
- Reflections on Suicidal Ideation.
- Weekly Changes in Blame and PTSD Among Active Duty Military Personnel Receiving Cognitive Processing Therapy.
- Effectiveness and Acceptability of Cognitive Behavior Therapy Delivery Formats in Adults With Depression: A Network Meta-analysis.
- m-Health, Smartphones, and Apps for Behavioral Health: Human Factors for All Users.
- Self-help Smartphone Applications for Alcohol Use, PTSD, Anxiety, and Depression: Addressing the New Research-Practice Gap.
- Conceptualizing comorbid PTSD and depression among treatment-seeking, active duty military service members.
- Feasibility and Acceptability of a Brief Acupuncture Intervention for Service Members with Perceived Stress.
- Everything Here is Fine: Protective Buffering by Military Spouses During a Deployment.
- PTSD is associated with poor health behavior and greater Body Mass Index through depression, increasing cardiovascular disease and diabetes risk among U.S. veterans.

- Finding Comfort in the Discomfort of Difficult Conversations with Military Patients.
- Hope, Religiosity, and Mental Health in U.S. Veterans and Active Duty Military with PTSD Symptoms.
- A positive screen for military sexual trauma is associated with greater risk for substance use disorders in women veterans.
- Treating Posttraumatic Stress Disorder in the Presence of Acute Suicide Risk in Veterans and Active Duty Service Members: A Call for Research.
- Health Care Processes Contributing to Suicide Risk in Veterans During and After Residential Substance Abuse Treatment.
- Mild traumatic brain injuries with loss of consciousness are associated with increased inflammation and pain in military personnel.
- Brief CBT for insomnia delivered in primary care to patients endorsing suicidal ideation: a proof-of-concept randomized clinical trial.
- Depression prevalence and geographic distribution in United States military women: Results from the 2017 Service Women's Action Network needs assessment.
- Relations between post-deployment divorce/separation and deployment and post-deployment stressors, social support, and symptomatology in Veterans with combat-related PTSD symptoms.
- The impact of culture on cognitive appraisals: Implications for the development, maintenance, and treatment of posttraumatic stress disorder.
- Effectiveness of the NAMI Homefront Program for Military and Veteran Families: In-Person and Online Benefits.
- Use of an Educational Video to Reduce Barriers to Military Mental Health Care.
- Longitudinal Course of Suicidal Ideation and Predictors of its Persistence – A NESDA Study.
- Links of Interest
- Resource of the Week: Diversity, Inclusion, and Equal Opportunity in the Armed Services: Background and Issues for Congress

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719301648>

Psychological Burden of PTSD, Depression, and Their Comorbidity in the U.S. Veteran Population: Suicidality, Functioning, and Service Utilization.

Brandon Nichter, Sonya Norman, Moira Haller, Robert H. Pietrzak

Journal of Affective Disorders

Available online 2 July 2019

<https://doi.org/10.1016/j.jad.2019.06.072>

Highlights

- The burden associated with PTSD/MDD comorbidity is substantially greater than PTSD or MDD alone
- Veterans with co-occurring PTSD/MDD evidence the poorest mental functioning and quality of life
- Co-occurring PTSD/MDD is associated with greater risk for suicidality compared to PTSD alone

Abstract

Background

Emerging evidence suggests that comorbid posttraumatic stress disorder (PTSD) and major depressive disorder (PTSD/MDD) may impose an even greater burden than either disorder alone. However, nearly all previous studies examining these associations have relied on treatment-seeking samples. This study examined the mental health burden associated with co-occurring PTSD/MDD compared to PTSD and MDD alone using a nationally representative sample of U.S. veterans.

Methods

Data were analyzed from National Health and Resilience in Veterans Study, a nationally representative survey of U.S. veterans (n=2,732). Analyses (a) estimated the current prevalence of PTSD-only, MDD-only, and comorbid PTSD/MDD; (b) compared demographic/military variables by PTSD/MDD status; and (c) examined associations between PTSD/MDD status and suicidality, functioning, psychiatric comorbidities, and service utilization.

Results

The current prevalences of probable PTSD-only, probable MDD-only, and probable comorbid PTSD/MDD were 1.7%, 4.8%, and 3.4%. Compared to all other groups, the PTSD/MDD group was more likely to screen positive for current suicidal ideation,

lifetime suicide attempts, probable generalized anxiety and social anxiety disorders, and ever utilize mental health services. They also scored lower on measures of mental health functioning ($d=1.49$), cognitive functioning ($d=1.03$), and quality of life ($d=0.84$). Veterans with comorbid PTSD/MDD were more than twice as likely as those with PTSD-only to have attempted suicide.

Limitations

The cross-sectional design of this study precludes causal inference.

Conclusions

Results provide a population-based characterization of the psychological burden of PTSD/MDD comorbidity in U.S. veterans. Findings further underscore the importance of screening, monitoring, and treatment of the comorbid manifestation of these disorders.

<https://econtent.hogrefe.com/doi/full/10.1027/0227-5910/a000615>

Reflections on Suicidal Ideation.

David A. Jobes and Thomas E. Joiner

Crisis

2019 40:4, 227-230

<https://doi.org/10.1027/0227-5910/a000615>

According to the Substance Abuse and Mental Health Service Administration (SAMHSA) in the United States, 10.6 million American adults have serious thoughts of ending their lives by suicide each year (SAMHSA, 2018). In that same year, we further know that 1.4 million American adults attempted suicide while approximately 47,000 across all ages died by suicide (Drapeau & McIntosh, 2018). While suicidologists and public health officials are understandably preoccupied with suicides and suicide attempts, we have recently begun to reflect on those with suicidal ideation who too often escape the focused attention of our suicide prevention research, clinical treatments, and even national health-care policies. Upon reflection, the prevalence of suicidal ideation in the United States is truly staggering: 10,600,000 people experiencing thoughts of ending their lives is more than the population of the US state of Georgia. From an international perspective, this figure is roughly the size of the population of the Czech Republic.

As suicide prevention researchers, we understand the appeal of observable suicidal behaviors with implications for morbidity and mortality. However, the morbidity of suicidal ideation should not be underestimated. As a focus of research, suicidal ideation tends to be a more elusive, ephemeral, and often fluid construct. But the proportion of people who experience serious suicidal thoughts represents the larger mass of the suicide iceberg below the surface of the water. Suicide deaths and attempts represent the tip of this iceberg, which is dwarfed by the much larger problem, at least with regard to numbers, of all the people beneath the surface who are experiencing suicidal misery, often in silence.

<https://www.sciencedirect.com/science/article/abs/pii/S0005789419300784>

Weekly Changes in Blame and PTSD Among Active Duty Military Personnel Receiving Cognitive Processing Therapy.

Kirsten H. Dillon, Willie J. Hale, Stefanie T. LoSavio, Jennifer S. Wachen, ... Patricia A. Resick

Behavior Therapy

Available online 28 June 2019

<https://doi.org/10.1016/j.beth.2019.06.008>

Highlights

- Posttraumatic stress symptoms and self-blame reduced over the course of treatment
- Changes in posttraumatic stress symptoms and self-blame were dynamically linked
- Changes in other-blame did not predict changes in posttraumatic stress symptoms

Abstract

Both negative posttraumatic cognitions and posttraumatic stress disorder (PTSD) symptoms decrease over the course of cognitive behavior therapy for PTSD; however, further research is needed to determine whether cognitive change precedes and predicts symptom change. The present study examined whether weekly changes in blame predicted subsequent changes in PTSD symptoms over the course of cognitive processing therapy (CPT). Participants consisted of 321 active-duty U.S. Army soldiers with PTSD who received CPT in one of two clinical trials. Symptoms of PTSD and

blame were assessed at baseline and weekly throughout treatment. Bivariate latent difference score modeling was used to examine temporal sequential dependencies between the constructs. Results indicated that changes in self-blame and PTSD symptoms were dynamically linked: When examining cross-construct predictors, changes in PTSD symptoms were predicted by prior changes in self-blame, but changes in self-blame were also predicted by both prior levels of and prior changes in PTSD. Changes in other-blame were predicted by prior levels of PTSD, but changes in other-blame did not predict changes in PTSD symptoms. Findings highlight the dynamic relationship between self-blame and PTSD symptoms during treatment in this active military sample.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2730724>

Effectiveness and Acceptability of Cognitive Behavior Therapy Delivery Formats in Adults With Depression: A Network Meta-analysis.

Cuijpers P, Noma H, Karyotaki E, Cipriani A, Furukawa TA

JAMA Psychiatry

Published online April 17, 2019;76(7):700–707

doi:10.1001/jamapsychiatry.2019.0268

Key Points

Question

Which cognitive behavior therapy delivery format is most effective and acceptable for the treatment of acute depression?

Findings

In this network meta-analysis of 155 trials involving 15 191 patients, no statistically significant differences in effectiveness were found among individual, group, telephone, and guided self-help treatment formats, although acceptability may be somewhat lower for guided self-help format. Unguided self-help therapy was not more effective than care as usual.

Meaning

For acute symptoms of depression, group, telephone-administered, and guided self-help (internet-based or not) cognitive behavior therapy appeared to be effective and may be considered as alternatives to individual therapy.

Abstract

Importance

Cognitive behavior therapy (CBT) has been shown to be effective in the treatment of acute depression. However, whether CBT can be effectively delivered in individual, group, telephone-administered, guided self-help, and unguided self-help formats remains unclear.

Objective

To examine the most effective delivery format for CBT via a network meta-analysis.

Data Sources

A database updated yearly from PubMed, PsycINFO, Embase, and the Cochrane Library. Literature search dates encompassed January 1, 1966, to January 1, 2018.

Study Selection

Randomized clinical trials of CBT for adult depression. The 5 treatment formats were compared with each other and the control conditions (waiting list, care as usual, and pill placebo).

Data Extraction and Synthesis

PRISMA guidelines were used when extracting data and assessing data quality. Data were pooled using a random-effects model. Pairwise and network meta-analyses were conducted.

Main Outcomes and Measures

Severity of depression and acceptability of the treatment formats.

Results

A total of 155 trials with 15 191 participants compared 5 CBT delivery formats with 2 control conditions. In half of the studies (78 [50.3%]), patients met the criteria for a depressive disorder; in the other half (77 [49.7%]), participants scored above the cutoff point on a self-report measure. The effectiveness of individual, group, telephone, and guided self-help CBT did not differ statistically significantly from each other. These formats were statistically significantly more effective than the waiting list (standardized mean differences [SMDs], 0.87-1.02) and care as usual (SMDs, 0.47-0.72) control conditions as well as the unguided self-help CBT (SMDs, 0.34-0.59). In terms of acceptability (dropout for any reason), individual (relative risk [RR] = 1.44; 95% CI, 1.09-1.89) and group (RR = 1.38; 95% CI, 1.06-1.80) CBT were significantly better than guided self-help. Guided self-help was also less acceptable than being on a waiting list

(RR = 0.63; 95% CI, 0.52-0.75) and care as usual (RR = 0.72; 95% CI, 0.57-0.90). Sensitivity analyses supported the overall findings.

Conclusions and Relevance

For acute symptoms of depression, group, telephone, and guided self-help treatment formats appeared to be effective interventions, which may be considered as alternatives to individual CBT; although there were few indications of significant differences in efficacy between treatments with human support, guided self-help CBT may be less acceptable for patients than individual, group, or telephone formats.

<https://link.springer.com/article/10.1007/s41347-019-00092-z>

m-Health, Smartphones, and Apps for Behavioral Health: Human Factors for All Users.

Elizabeth A. Krupinski

Journal of Technology in Behavioral Science
June 2019, Volume 4, Issue 2, pp 124–129
<https://doi.org/10.1007/s41347-019-00092-z>

Healthcare delivery has changed dramatically with the emergence and maturation of telehealth and related technology-enabled platforms to connect patients and providers. Mobile technologies are readily on the general healthcare marketplace. With over 3.4 billion smartphone and tablet users around the world, it is estimated that at least 50% have downloaded mobile healthcare apps. Evidence suggests some apps have a positive impact on clinical workflow and patient outcomes, including those in behavioral health. A large number of health apps incorporate human factors methods in their design, development, and evaluation, but barriers and challenges exist so actual engagement is at best variable and oftentimes low. If an app is too difficult, clumsy, or annoying to use, it really does not matter if it does what one wants at the price one wants if no one uses it. Close attention to human factors throughout the app development and implementation cycle will help ensure that the majority of users will benefit from and experience high satisfaction with a given app. The proliferation of apps, when regulated or not, provides users with a wide array of options, so what does not work for one may work for another. Carefully defining an apps' purpose (task) and knowing the user population will go a long way towards helping those developing and those selecting an app for effective and efficient use in behavioral health scenarios.

<https://link.springer.com/article/10.1007/s41347-019-00099-6>

Self-help Smartphone Applications for Alcohol Use, PTSD, Anxiety, and Depression: Addressing the New Research-Practice Gap.

Journal of Technology in Behavioral Science
June 2019, Volume 4, Issue 2, pp 139–151
<https://doi.org/10.1007/s41347-019-00099-6>

The primary objectives of this paper were to (1) review empirical support for existing self-help smartphone applications for depression, anxiety, PTSD, and alcohol use disorders; (2) evaluate whether commercially available self-help applications offer, or were derived from, empirically supported approaches; and (3) provide a framework for evaluating applications for use in the absence of existing empirical support. We performed a systematic review of existing applications via PubMed and performed a content analysis, based on theoretically grounded evidence-based review criteria, on each commercially available application retrieved from Google Play and Apple Store searches. Seventeen academic papers met inclusion criteria and were evaluated; only four empirically supported applications were available commercially. Of the commercial applications, one was found via the PubMed search. While the majority of the smartphone applications evaluated in the content analysis included at least one empirically supported component, there was great variability in how comprehensive the integrated tools were, and a significant proportion included non-evidence-based tools. In this study, we found that evidence-based applications are often not available to the general public and those that are available offer varying degrees of empirically derived tools. These findings unveil a new “research-practice gap” at the intersection of mental health and emergent technology-based interventions. As research attempts to keep pace with emergent intervention technologies, we provide suggestions to consumers and clinicians for reviewing these applications, and for future research in the service of reducing the “research-practice gap.”

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719303520>

Conceptualizing comorbid PTSD and depression among treatment-seeking, active duty military service members.

John C. Moring, Erica Nason, Willie J. Hale, Jennifer Schuster Wachen, ... Patricia A. Resick

Journal of Affective Disorders

Volume 256, 1 September 2019, Pages 541-549

<https://doi.org/10.1016/j.jad.2019.06.039>

Highlights

- Depression is often co-morbidly diagnosed with posttraumatic stress disorder.
- General distress of PTSD has been found to significantly predict depression.
- The goal of this study is to replicate previous findings.
- Depression was predicted by general distress and two PTSD symptom clusters.
- Findings were consistent at pre- and post-treatment for PTSD.

Abstract

Background

Among active duty service members and veterans with PTSD, depression is the most commonly diagnosed comorbid psychiatric condition. More research is warranted to investigate the relationship between PTSD and depression to improve treatment approaches. Byllesby et al. (2017) used confirmatory factor analyses in a sample of trauma-exposed combat veterans with PTSD and found that only the general distress factor, and not any specific symptom cluster of PTSD, predicted depression. This study seeks to replicate Byllesby et al. (2017) in a sample of treatment-seeking active duty soldiers.

Methods

Confirmatory factor analyses, bifactor modeling, and structural equation modeling (SEM) were used with data gathered at pretreatment and posttreatment as part of a large randomized clinical trial.

Results

Confirmatory factor analyses and bifactor modeling demonstrated that PTSD symptom clusters, Negative Alterations in Cognition and Mood (NACM) and Alterations in Arousal and Reactivity (AAR), as well as the general distress factor significantly predicted depression at pretreatment and posttreatment.

Limitations

The current study was predominantly male, limiting the generalizability to female service

members with PTSD. Also, self-report measures were used, which may introduce response-bias.

Conclusions

The current study did not replicate Byllesby et al. (2017). Results demonstrated that the relationship between PTSD and depression among active duty service members can be explained by both transdiagnostic factors and disorder-specific symptoms.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz132/5524306>

Feasibility and Acceptability of a Brief Acupuncture Intervention for Service Members with Perceived Stress.

Jane Abanes, PhD, Cynthia Hiers, Bethany Rhoten, Mary S Dietrich, Sheila H Ridner

Military Medicine

Published: 27 June 2019

<https://doi.org/10.1093/milmed/usz132>

Introduction

Given the role of perceived stress in disability and suicidality in the military, intervening early before service members become at risk for severe injuries, hospitalizations, and chronic disability could improve health outcomes. The purpose of this study was to explore the feasibility and acceptability of a standardized stress acupuncture (SSA) approach on perceived stress in U.S. military personnel. This study had the following aims: examine feasibility of recruitment for SSA and implementation of study procedures in preparation for a methodologically rigorous study; examine acceptability of SSA treatment in a sample of military personnel with perceived stress; and examine change in perceived stress and general health before and after SSA.

Materials and Methods

This was a single-arm, single-site study protocol which assessed the feasibility of SSA in 16 patients with perceived stress. Upon IRB approval and written informed consent, the participants received 4 weekly sessions of SSA which consisted of 6 acupuncture points.

Results

This study showed that recruitment and implementation of SSA is feasible in service

members. Service members found SSA to be acceptable. Statistically significant increases were found on the energy/fatigue, well-being, and social functioning components of the Short Form Health Survey (SF 36) (reliable change: 50%, 56%, and 25% respectively, Cohen's $d = 0.72-0.78$, all $p < 0.05$). A statistically significant decrease in perceived stress based was found on the Perceived Stress Scale (PSS) (reliable change 63%, Cohen's $d = 1.03$, $p = 0.001$).

Conclusion

These results suggest that SSA is a feasible and acceptable treatment for perceived stress in military personnel. Preliminary findings suggest that SSA may be useful in improving energy/fatigue, social functioning, and perceived stress of service members.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/famp.12457>

Everything Here is Fine: Protective Buffering by Military Spouses During a Deployment.

Sarah P. Carter, Keith D. Renshaw, Elizabeth S. Allen, Howard J. Markman, Scott M. Stanley

Family Process

First published: 28 June 2019

<https://doi.org/10.1111/famp.12457>

To minimize potential distractions for deployed military service members (SMs), some nondeployed romantic partners have reported engaging in protective buffering, or intentionally withholding information or concerns to protect their deployed partner. This study assessed the associations of protective buffering and psychological distress and marital satisfaction for military couples during and after deployment. Additionally, the study explored whether protective buffering was related to SM reports of being distracted during deployment by family matters. A total of 54 couples provided data before, during, and after an Army deployment. In multilevel models, higher protective buffering by partners was associated with higher psychological distress and lower marital satisfaction for both SMs and partners during, but not after, deployment. Additionally, partners reported frequent use of protective buffering during deployment; however, protective buffering was not significantly correlated with family related distraction for SMs during deployment. Limitations and implications of these findings are discussed.

<https://www.sciencedirect.com/science/article/pii/S2211335519301044>

PTSD is associated with poor health behavior and greater Body Mass Index through depression, increasing cardiovascular disease and diabetes risk among U.S. veterans.

Katherine D. Hoerster, Sarah Campbell, Marketa Dolan, Cynthia A. Stappenbeck, ...
Karin M. Nelson

Preventive Medicine Reports

Available online 28 June 2019

<https://doi.org/10.1016/j.pmedr.2019.100930>

Highlights

- We examined a model of the association of PTSD with CVD and diabetes in veterans.
- PTSD without depression was associated with better physical activity and diet quality.
- Depression accounted for associations of PTSD with BMI and poor health behaviors.
- Health behaviors should be targeted in those with depression to improve health.

Abstract

Posttraumatic stress disorder (PTSD) is a risk factor for cardiovascular disease (CVD) and diabetes. Dedert and colleagues hypothesized a model whereby PTSD leads to poor health behaviors, depression, and pre-clinical disease markers, and that these factors lead to CVD and diabetes (Ann Behav Med, 2010, 61–78). This study provides a preliminary test of that model. Using data from a mailed cross-sectional survey conducted 2012–2013, path analysis was conducted among N = 657 with complete demographic data. We first analyzed the hypothesized model, followed by four alternatives, to identify the best-fitting model. Contrary to hypotheses, higher PTSD symptoms were associated with better physical activity and diet quality. Furthermore, of the specific indirect pathways from PTSD to Body Mass Index (BMI), only the path through depression was significant. Instead, the alternate model that specified pathways from depression to health behaviors had the best fit, such that higher depression symptoms were significantly associated with less physical activity, poorer diet, and greater likelihood of smoking. In addition, the specific indirect effect from depression to

BMI through physical activity was significant. Current smoking and higher BMI were associated with greater likelihood of diabetes, and hypertension was associated with greater likelihood of CVD; there was no significant indirect effect of depression on CVD or diabetes through BMI or hypertension. PTSD symptoms are associated with risk factors for CVD and diabetes through depression's negative impact on health behaviors and BMI. With or without PTSD, depression may be an important target in interventions targeting cardiovascular and metabolic diseases among veterans.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz137/5524309>

Finding Comfort in the Discomfort of Difficult Conversations with Military Patients.

Sherrie L Wilcox, Lara Varpio

Military Medicine

Published: 27 June 2019

<https://doi.org/10.1093/milmed/usz137>

The patient–provider relationship is an important factor in the delivery of high-quality health care and effective communication is central in building such relationships. However, some conversations are just hard. Sexual dysfunction, end-of-life care, domestic violence, and delivery of a poor prognosis: these are just some of the difficult topics of conversations that many providers face daily. While such conversations can be difficult to initiate and sustain, they allow military patients to understand the extent of their illness, make informed health-related decisions, and obtain restorative treatment.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usz146/5524307>

Hope, Religiosity, and Mental Health in U.S. Veterans and Active Duty Military with PTSD Symptoms.

Harold G Koenig, Nagy A Youssef, Zachary Smothers, John P Oliver, Nathan A Boucher, Donna Ames, Fred Volk, Ellen J Teng, Kerry Haynes

Introduction

Many studies have linked hope with better mental health and lower risk of suicide. This is especially true in those who have experienced severe physical or emotional trauma. Religious involvement is associated with greater hope. We examine here the relationship between hope, religiosity, and mental health in a sample of Veterans and Active Duty Military (ADM) with PTSD symptoms.

Materials and Methods

A cross-sectional multi-site study was conducted involving 591 Veterans and ADM from across the United States. Inclusion criteria were having served in a combat theater and the presence of PTSD symptoms. Measures of religiosity, PTSD symptoms, depression, and anxiety were administered, along with a single question assessing the level of hope on a visual analog scale from 1 to 10. Bivariate and multivariate relationships were examined, along with the moderating effects of religiosity on the relationship between hope and symptoms of PTSD, depression, and anxiety.

Results

Hope was inversely related to PTSD, depression, and anxiety symptoms ($r = -0.33$, -0.56 , and -0.40 , respectively, all $p < 0.0001$), but was positively related to religiosity ($r = 0.32$, $p < 0.0001$). Religiosity remained significantly related to hope ($p < 0.0001$) after controlling for demographics, military characteristics, as well as PTSD, depression, and anxiety symptoms, and this relationship was partly but not entirely mediated by social factors (marital status, relationship quality, community involvement). Religiosity did not, however, moderate the strong inverse relationships between hope and PTSD, depression or anxiety symptoms.

Conclusion

Hope is inversely related to PTSD, depression, and anxiety in Veterans and ADM with PTSD symptoms. Although religiosity is positively related to hope, independent of demographic, military, social, and psychological factors, it does not buffer the negative relationships between hope and PTSD, depression, or anxiety. While further research is warranted, particularly longitudinal studies capable of addressing questions about causality, providing support for the existing religious beliefs of current and former military personnel may help to enhance hope and mental health in the setting of severe combat-related trauma.

<https://psycnet.apa.org/doiLanding?doi=10.1037%2Fadb0000486>

A positive screen for military sexual trauma is associated with greater risk for substance use disorders in women veterans.

Goldberg, Simon B.,Livingston, Whitney S.,Blais, Rebecca K.,Brignone, Emily,Suo, Ying,Lehavot, Keren,Simpson, Tracy L.,Fargo, Jamison,Gundlapalli, Adi V.

Psychology of Addictive Behaviors

June 27, 2019

<http://dx.doi.org/10.1037/adb0000486>

Military sexual trauma (MST) is a significant public health issue associated with adverse psychiatric outcomes, including heightened risk for suicide, posttraumatic stress disorder, depression, and substance use disorders. Recently, research has begun exploring gender-linked disparities in mental health outcomes for individuals who experience MST. The current study assessed whether women who screened positive for MST were at disproportionately higher risk for diagnoses of alcohol-use disorder (AUD) or drug-use disorder (DUD) relative to men. Veterans Health Administration (VHA) clinical data were extracted for 435,690 military veterans who separated from the military between 2004 and 2011 and had at least 5 years of follow-up data after their initial VHA visit until the end of fiscal year 2014. Logistic regression models examined the main and interactive effects of gender and screening positively for MST as predictors of AUD and DUD. MST positive screens were associated with increased rates of both AUD and DUD across genders. Although rates of both AUD and DUD were higher among men, the increased rate of diagnosis associated with MST positive screens was proportionally higher for women than men (interaction adjusted odds ratios = 1.43 and 1.17 for AUD and DUD, respectively), indicating the presence of a gender-linked health risk disparity. This disparity was more pronounced for AUD than DUD ($p < .01$). The current study adds to previous literature documenting increased risk for women exposed to MST. These findings support efforts to reduce the occurrence of MST and continued use of MST screening measures within the VHA. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

https://journals.lww.com/jonmd/Abstract/2019/07000/Treating_Posttraumatic_Stress_Disorder_in_the.15.aspx

Treating Posttraumatic Stress Disorder in the Presence of Acute Suicide Risk in Veterans and Active Duty Service Members: A Call for Research.

Holliday, Ryan; Holder, Nicholas; Olson-Madden, Jennifer H.; Monteith, Lindsey L.

The Journal of Nervous and Mental Disease
207(7):611-614, July 2019
doi: 10.1097/NMD.0000000000001022

Posttraumatic stress disorder (PTSD) is associated with increased risk for suicide, and clinicians often encounter acute suicide risk during the process of intervening upon PTSD. Although the Department of Veterans Affairs (VA) and the Department of Defense (DoD) have disseminated evidence-based treatments for PTSD, prior clinical trials have used inconsistent definitions and unclear assessment methods of suicide risk. Consequently, translating findings from PTSD treatment research to clinical practice remains challenging. This article describes challenges inherent to the current PTSD interventional research literature related to concurrent acute suicide risk among veterans and active duty service members. We reviewed prior trials and how their assessment methods and nomenclature compare with strategies and definitions mandated within the VA/DoD. Furthermore, we describe methodological recommendations for future research, including consistent use of mandated universal suicide nomenclature, standardization for classifying suicide risk, transparency in reporting assessment means and measures, and examination of current models of PTSD treatment in the context of acute suicide risk.

<https://www.tandfonline.com/doi/abs/10.1080/15504263.2019.1629053>

Health Care Processes Contributing to Suicide Risk in Veterans During and After Residential Substance Abuse Treatment.

Natalie B. Riblet, Lauren Kenneally, Brian Shiner & Bradley V. Watts

Journal of Dual Diagnosis
Published online: 28 Jun 2019
DOI: 10.1080/15504263.2019.1629053

Objective:

Substance use disorders are an important risk factor for suicide. While residential drug treatment programs improve clinical outcomes for substance use disorders, less is known about the role of related health care processes in contributing to suicide risk. These data may help to inform strategies to prevent suicide during and after residential treatment.

Methods:

A retrospective analysis was conducted on root-cause analysis (RCA) reports of suicide in veterans occurring within 3 months of discharge from a residential drug treatment program that were reported to a Veterans Affairs facility between 2001 and 2017. Demographic information such as age, gender, and psychiatric comorbidity were abstracted from each report. In addition, an established codebook was used to code root causes from each report. Root causes were grouped into categories in order to characterize the key system and organizational-level processes that may have contributed to the suicide.

Results:

A total of 39 RCA reports of suicide occurring within 3 months after discharge from a residential drug treatment program were identified. The majority of decedents were men and the average age was 42.9 years (SD = 11.2). The most common method of suicide was overdose (33%) followed by hanging (28%). Most suicides occurred in close proximity to discharge, with 56% (n = 22) occurring within seven days of discharge and 36% (n = 14) occurring within 48 hours of discharge. The most common substances used by decedents prior to admission were alcohol or opiates. RCA teams identified a total of 140 root causes and the majority were due to problems with suicide risk assessment (n = 32, 22.9%). Non-engagement with treatment during (n = 20, 14.3%) and after the residential stay (n = 18, 12.9%) was also highlighted as an important concern. Finally, several reports raised concerns that a discharge prior to treatment completion or a precipitous discharge due to program violation negatively impacted treatment outcomes.

Conclusions:

Efforts to prevent suicide in the period following discharge from a residential drug treatment program should focus on addressing suicide risk factors during admission and helping patients engage more fully in substance use disorder treatment.

Mild traumatic brain injuries with loss of consciousness are associated with increased inflammation and pain in military personnel.

Rebekah Kanefsky, Vida Motamedi, Sara Mithani, Vincent Mysliwiec, ... Cassandra L Pattinson

Psychiatry Research

Volume 279, September 2019, Pages 34-39

<https://doi.org/10.1016/j.psychres.2019.07.001>

Highlights

- Negative implications of loss of consciousness with TBI are not well understood.
- TBI patients that lost consciousness reported greater pain and physical functioning.
- History of TBI was associated with greater severity of PTSD and depression.
- Interleukin-6 was highest in those with TBI and loss of consciousness.

Abstract

Mild traumatic brain injuries (mTBI) are a pervasive concern for military personnel. Determining the impact of injury severity, including loss of consciousness (LOC) may provide important insights into the risk of psychological symptoms and inflammation commonly witnessed in military personnel and veterans following mTBI. US military personnel and veterans were categorized into three groups; TBI with LOC (n = 36), TBI without LOC (n = 25), Controls (n = 82). Participants reported their history of mTBI, psychological symptoms (post-traumatic stress disorder [PTSD] and depression), health-related quality of life (HRQOL), and underwent a blood draw. ANCOVA models which controlled for insomnia status and combat exposure indicated that both mTBI groups (with/without LOC) reported significantly greater depression and PTSD symptoms compared to controls; however, they did not differ from each other. The mTBI with LOC did report greater pain than both controls and mTBI without LOC. The TBI with LOC group also had significantly elevated IL-6 concentrations than both TBI without LOC and control groups. Within the mTBI groups, increased TNF α concentrations were associated with greater PTSD symptoms. These findings indicate that sustaining an mTBI, with or without LOC is detrimental for psychological wellbeing. However, LOC may be involved in perceptions of pain and concentrations of IL-6.

<https://academic.oup.com/tbm/advance-article-abstract/doi/10.1093/tbm/ibz108/5528205>

Brief CBT for insomnia delivered in primary care to patients endorsing suicidal ideation: a proof-of-concept randomized clinical trial.

Wilfred R Pigeon, Jennifer S Funderburk, Wendi Cross, Todd M Bishop, Hugh F Crean

Translational Behavioral Medicine

Published: 04 July 2019

<https://doi.org/10.1093/tbm/ibz108>

Insomnia co-occurs frequently with major depressive disorder (MDD) and posttraumatic stress disorder (PTSD); all three conditions are prevalent among primary care patients and associated with suicidal ideation (SI). The purpose of the article was to test the effects of a brief cognitive behavioral therapy for insomnia (bCBTi) and the feasibility of delivering it to primary care patients with SI and insomnia in addition to either MDD and/or PTSD. Fifty-four patients were randomized to receive either bCBTi or treatment-as-usual for MDD and/or PTSD. The primary outcome was SI intensity as measured by the Columbia-Suicide Severity Rating Scale; secondary clinical outcomes were measured by the Insomnia Severity Index, Patient Health Questionnaire for depression, and PTSD Symptom Checklist. Effect sizes controlling for baseline values and sample size were calculated for each clinical outcome comparing pre–post differences between the two conditions with Hedge’s g . The effect size of bCBTi on SI intensity was small (0.26). Effects were large on insomnia (1.91) and depression (1.16) with no effect for PTSD. There was a marginally significant ($p = .069$) effect of insomnia severity mediating the intervention’s effect on SI. Findings from this proof-of-concept trial support the feasibility of delivering bCBTi in primary care and its capacity to improve mood and sleep in patients endorsing SI. The results do not support bCBTi as a stand-alone intervention to reduce SI, but this or other insomnia interventions may be considered as components of suicide prevention strategies.

<https://jmvfh.utpjournals.press/doi/pdf/10.3138/jmvfh.2018-0006>

Depression prevalence and geographic distribution in United States military women: Results from the 2017 Service Women’s Action Network needs assessment.

Kate H. Thomas, Justin T. McDaniel, Mariana Grohowski, Kari L. Fletcher, Ronald Whalen, David L. Albright, and Ellen Haring

Journal of Military, Veteran and Family Health

2019

doi:10.3138/jmvfh.2018-0006

Introduction:

To better understand depression in United States (US) servicewomen, needs assessment data from the Service Women's Action Network (SWAN) were collected and analyzed, with comparison samples drawn from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS). The purpose of the present study was threefold. First, an assessment of the spatial distribution of depression in the United States among military women was made using geographic information systems. Second, the authors sought to determine differences in the prevalence of undiagnosed mental health concerns and diagnosed depression in women by military service status. Third, the authors sought to identify risk factors for depression among military women.

Methods:

Frequencies and percentages for all demographic, geographic, and outcome variables were calculated by military service status and data source. Differences among three groups – non-Veteran respondents of the BRFSS, Veteran respondents of the BRFSS, and SWAN member Veterans – were analyzed with the Chi-square test of independence. Estimates of the state-level prevalence of undiagnosed mental health concerns and diagnosed depression among military women who responded to either the 2016 BRFSS or the 2017 SWAN needs assessment were calculated and represented with state-boundary choropleth maps in Quantum GIS (QGIS).

Results:

A multinomial logistic regression model, adjusted for educational attainment, race, ethnicity, employment status, US region, and rurality, showed that military women and women Veterans were more likely to have undiagnosed mental health concerns and diagnosed depression, $\chi^2 = 4,891.91$, $p < 0.001$, Nagelkerke's $R^2 = 0.03$. Spatial analysis indicated that respondents living in the South were 28 more likely to have diagnosed depression or undiagnosed mental health symptoms in both the BRFSS and SWAN needs assessment samples.

Discussion:

Primary findings from this study suggest that given the regional variation in depression

among women Veterans, future studies should work to examine the role of the region in mental health for servicewomen in the United States, looking at available services and cultural differences. Recommendations include targeted programming for women Veterans.

<https://jmvfh.utpjournals.press/doi/pdf/10.3138/jmvfh.2018-0015>

Relations between post-deployment divorce/separation and deployment and post-deployment stressors, social support, and symptomatology in Veterans with combat-related PTSD symptoms.

Daniel F. Gros, Cynthia L. Lancaster, Jenna B. Teves, Julian Libet, and Ron Acierno

Journal of Military, Veteran and Family Health
2019
doi:10.3138/jmvfh.2018-0015

Introduction:

Post-traumatic stress disorder (PTSD) is a highly prevalent diagnosis in combat Veterans. In addition to reduced quality of life in various domains of functioning, PTSD also is associated with poorer relationships and social support, including marital satisfaction and divorce. Although post-deployment divorce/separation was noted as problematic in past conflicts, little is known about divorce/separation following modern conflicts, such as Operations Enduring/Iraqi Freedom (OEF/OIF). The present study investigated the relations between post-deployment divorce/separation and post-deployment stressors, social support, and psychiatric symptomatology in OEF/OIF Veterans seeking treatment for PTSD.

Methods:

We recruited 98 United States (US) male Veterans from OEF/OIF to participate in the study. Marital status of once-married was required for participation. All participants completed consent documentation and a series of diagnostic interviews and self-report measures. Participants were separated into two groups based on their post-deployment marital status (still married vs. divorced/separated).

Results:

One-third of the sample indicated they divorced/separated following OEF/OIF. Participants that endorsed a post-deployment divorce/separation demonstrated

heightened stress during and after deployment as well as significantly less social support compared to participants who remained married.

Discussion:

The rates of divorce/separation reported in the sample were comparable to samples of civilians, despite the elevated risk factors in the Veteran sample (e.g., psychiatric diagnosis). Also, Veterans reporting post-deployment divorce/separation endorsed heightened stress and poorer social support, two factors associated with poorer treatment outcome for PTSD. Together, these findings highlight potential factors associated with post-deployment divorce/separation in OEF/OIF Veterans with PTSD.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/cp.12161?af=R>

The impact of culture on cognitive appraisals: Implications for the development, maintenance, and treatment of posttraumatic stress disorder.

Jessica Bernardi, Alberta Engelbrecht, Laura Jobson

Clinical Psychologist

First published: 01 July 2018

<https://doi.org/10.1111/cp.12161>

Objective

Cognitive appraisals have a central role in the development, maintenance, and treatment of posttraumatic stress disorder (PTSD). Accumulating cross-cultural psychology research has demonstrated that culture affects the way in which an individual cognitively appraises an everyday experience. However, to date, there is little empirical work considering the influence of culture on cognitive appraisals in PTSD and the implications for treatment. The objective of this review article was to consider how culture may impact on the cognitive appraisals central to PTSD.

Method

First, we reviewed the role of appraisals in the prominent cognitive models of PTSD. Second, we discussed the cross-culture psychology literature on the influence of culture on appraisals. Third, we considered the impact of culture on trauma-related appraisals and associated clinical implications. Finally, we considered implications for the tailoring of clinical treatment for individuals from diverse cultural backgrounds.

Results

It was found that culture influences appraisals; a key psychological process highlighted by cognitive models as predictive of PTSD. In particular, cultural differences in self-understanding influence how individuals appraise experiences in terms of agency, control, mental defeat, and negative independent appraisals of self; appraisals central to PTSD.

Conclusions

Empirical work is needed in order to investigate the influence of culture on trauma-related appraisals in the context of PTSD in order to improve theoretical models and clinical approaches.

<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201800573>

Effectiveness of the NAMI Homefront Program for Military and Veteran Families: In-Person and Online Benefits.

Morgan Haselden, B.A.; Teri Brister, Ph.D.; Suzanne Robinson, M.S.W.; Nancy Covell, Ph.D.; Luca Pauselli, M.D.; Lisa Dixon, M.D., M.P.H.

Psychiatric Services

Published Online: 5 Jul 2019

<https://doi.org/10.1176/appi.ps.201800573>

Objective:

This study aimed to evaluate the effectiveness of Homefront, a six-session, peer-taught family education program by the National Alliance on Mental Illness (NAMI), delivered in person or online, for families or support persons of military service members or of veterans with mental illness.

Methods:

Program participants completed online surveys at baseline, at the end of the program (postprogram), and at 3-month follow-up, which measured subjective empowerment, burden, coping, psychological distress, family functioning, experience of caregiving, and knowledge of mental illness. A mixed-effects model examined change over time.

Results:

A total of 119 individuals (in person, N=63 [53%]; online, N=56 [47%]) enrolled.

Participants showed statistically significant improvement on all dimensions between baseline, postprogram, and follow-up, except for subjective burden, which improved between baseline and follow-up. Results for in-person and online formats did not differ.

Conclusions:

The six-session NAMI Homefront program was associated with benefits for military and veteran family members and support persons.

<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201800547>

Use of an Educational Video to Reduce Barriers to Military Mental Health Care.

Suzanne L. Hurtado, Cynthia M. Simon-Arndt, Emily A. Schmied, Jennifer N. Belding, Rosemarie S. Subala, and Colleen M. Richardson

Psychiatric Services

Published Online: 5 Jul 2019

<https://doi.org/10.1176/appi.ps.201800547>

Objective:

Although there is significant need for mental health care among service members, stigma surrounding these services, along with myths associated with behavioral health treatment, discourages care seeking. This study evaluated the effect of a video designed to demystify mental health treatment on barriers to seeking care among military personnel.

Methods:

Participants were 294 active duty U.S. Marine Corps personnel who were randomly assigned to the intervention video only, the intervention video with discussion, or an attentional control video. Participants completed questionnaires that assessed social stigma regarding mental health treatment and willingness to seek help at pretest, posttest, and 6-week follow-up; personal desire for mental health care was assessed at pretest and 6-week follow-up.

Results:

Participants who viewed the intervention video in either condition showed significant and similar decreases in social stigma and increases in willingness to seek help at posttest ($p < .001$), whereas participants in the control group showed no change at

posttest in either variable. Although social stigma did not differ by intervention group at the 6-week follow-up, participants in either intervention were 2.56 times more likely than participants in the control group to report a personal desire for mental health care at the 6-week follow-up ($p=.05$). There were no significant differences between the two interventions on the main outcomes.

Conclusions:

A video in which mental health care providers explain the treatment process may be effective as an initial stand-alone social stigma reduction intervention. Additional efforts are likely needed to sustain effects and to realize increases in help-seeking behavior.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032718329884>

Longitudinal Course of Suicidal Ideation and Predictors of its Persistence – A NESDA Study.

Liia Kivelä, Annegret Krause-Utz, Joanne Mouthaan, Maartje Schoorl, ... Niki Antypa

Journal of Affective Disorders

Available online 5 July 2019

<https://doi.org/10.1016/j.jad.2019.07.042>

Highlights

- Suicidal ideation has a decreasing trajectory over time.
- Insomnia and hopelessness relate to increased odds of persistent suicidal ideation.
- Hopelessness mediates the effect of insomnia on persistent suicidal ideation.

Abstract

Background

Prior research indicates that the factors that trigger suicidal ideation may differ from those that maintain it, but studies into the maintenance of suicidal ideation remain scarce. Our aim was to assess the longitudinal course of suicidal ideation, and to identify predictors of persistent suicidal ideation.

Methods

We used data from the Netherlands Study of Depression and Anxiety (NESDA). We performed a linear mixed-effects growth model analysis ($n=230$ with current suicidal

ideation at baseline) to assess the course of suicidal ideation over time (baseline through 2-, 4-, 6- and 9-year follow-up). We used logistic regression analysis (n=195) to test whether factors previously associated with the incidence of suicidal ideation in the literature (insomnia, hopelessness, loneliness, borderline personality traits, childhood trauma, negative life events) also predict persistence of suicidal ideation (i.e., reporting ideation at two consecutive assessment points, 6- and 9-years). We controlled for socio-demographics, clinical diagnosis and severity, medication use, and suicide attempt history.

Results

Suicidal ideation decreased over time, and this decrease became slower with increasing time, with the majority of symptom reductions occurring in the first two years of follow-up. More severe insomnia and hopelessness were associated with increased odds of persistent suicidal ideation, and hopelessness was a significant mediator of the relationship between insomnia and persistent suicidal ideation.

Limitations

Findings may not generalize to those with more severe suicidal ideation due to dropout of those with the worst clinical profile.

Conclusions

Targeting insomnia and hopelessness in treatment may be particularly important to prevent the persistence of suicidal ideation.

Links of Interest

Reducing Military Mental Health Stigma to Improve Treatment Engagement: Guidance for Clinicians

<https://www.pdhealth.mil/news/blog/reducing-military-mental-health-stigma-improve-treatment-engagement-guidance-clinicians>

While I Was on Deployment, a Learning Disability Nearly Broke Me. But I Persevered

<https://www.nytimes.com/2019/07/03/magazine/army-learning-disability.html>

Reports of unwanted sexual contact up at Coast Guard Academy

<https://www.navytimes.com/news/your-navy/2019/07/03/reports-of-unwanted-sexual-contact-up-at-coast-guard-academy/>

Black Rifle Coffee's music video showcases the military's day-to-day monotonies the public never sees

<https://www.militarytimes.com/off-duty/military-culture/2019/07/03/black-rifle-coffees-music-video-showcases-the-militarys-day-to-day-monotonies-the-public-never-sees/>

VA revamps policies for religious and spiritual symbols

<https://www.militarytimes.com/news/your-military/2019/07/03/va-revamps-policies-for-religious-and-spiritual-symbols/>

Duckworth aims to address health care gaps for LGBTQ veterans

<https://www.militarytimes.com/news/pentagon-congress/2019/07/09/duckworth-aims-to-address-health-care-gaps-for-lgbtq-veterans/>

For at-risk veterans, finding pathways to good sleep is critical

<https://www.militarytimes.com/opinion/commentary/2019/07/08/for-at-risk-veterans-finding-pathways-to-good-sleep-is-critical/>

Justin Verlander: The Astros' Ace and Sleep Guru

<https://www.nytimes.com/2019/07/09/sports/baseball/justin-verlander-all-star-sleep.html>

Resource of the Week: [Diversity, Inclusion, and Equal Opportunity in the Armed Services: Background and Issues for Congress](#)

Updated report from the Congressional Research Service:

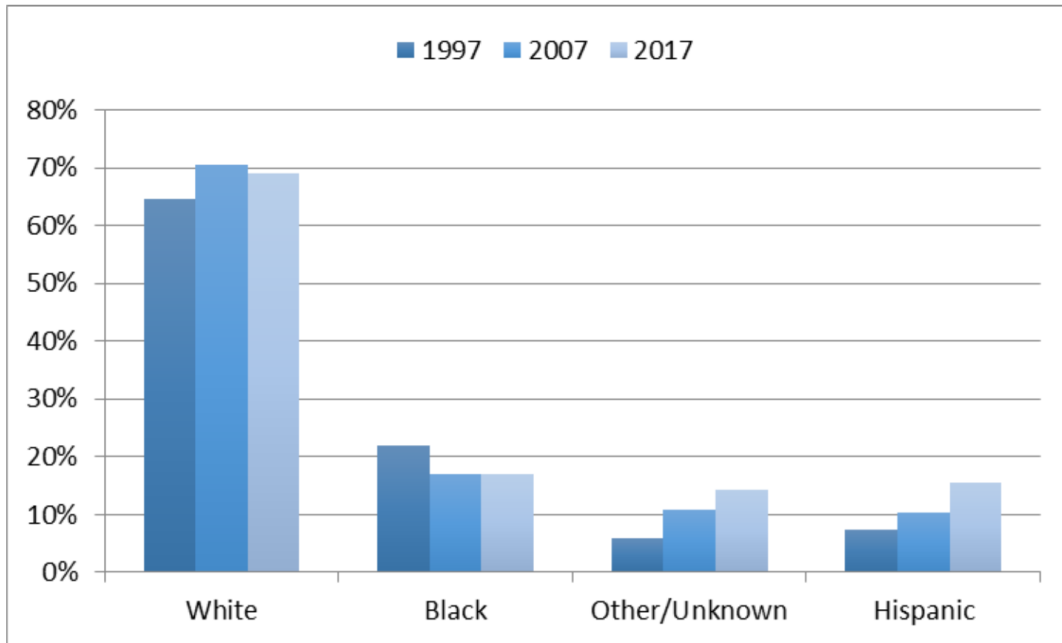
Under Article 1, Section 8 of the U.S. Constitution, Congress has the authority to raise and support armies; provide and maintain a navy; and provide for organizing, disciplining, and regulating them. Congress has used this authority to establish criteria and standards for individuals to be recruited, to advance through promotion, and to be separated or retired from military service. Throughout the history of the armed services, Congress has established some of these criteria based on demographic characteristics such as race, sex, and sexual orientation. In the past few decades there have been rapid changes to certain laws and policies regarding diversity, inclusion, and equal opportunity – in particular towards women serving in combat arms occupational specialties, and the inclusion of lesbian, gay, bisexual, and transgender (LGBT) individuals. Some of these changes remain contentious and face continuing legal challenges.

Military manpower requirements derive from the National Military Strategy and are determined by the military services based on the workload and competencies

required to deliver essential capabilities. Filling these capability needs, from combat medics to drone operators, often requires a wide range of backgrounds, skills and knowledge. To meet their recruiting mission, the military services draw from a demographically diverse pool of U.S. youth. Some have argued that military policies and programs that support diversity, inclusion, and equal opportunity can enhance the services' ability to attract, recruit and retain top talent. Other advocates for a diverse force believe that it is in the best interest of the military to recruit and retain a military force that is representative of the nation as a "broadly representative military force is more likely to uphold national values and to be loyal to the government—and country—that raised it." They contend that in order to reflect the nation it serves, the military should strive for diversity that reflects the demographics of the entire country.

Some contend that a military that is representative of the nation should also reflect its social and cultural norms. Such observers argue that popular will for social change should be the driving or limiting factor for DOD policies. Others oppose the expansion of certain diversity and equal opportunity initiatives due to concerns about how these initiatives might be implemented. For example, some contend that diversity initiatives could harm the military's merit-based system, leading to accessions and promotions that put demographic targets ahead of performance standards. Others express concern that the inclusion of some demographic groups is antithetical to military culture and could affect unit cohesion, morale, and readiness. When addressing equal opportunity within the Armed Forces, some further note that the military has a unique mission that requires the exclusion of some individuals based on, for example, age, physical fitness level, education attainment, or other characteristics.

Figure I. DOD Active Duty Racial and Ethnic Representation



Source: Defense Manpower Data Center.

Notes: Data includes all active duty members (officer and enlisted). Race and Hispanic origin are self-identified. The concept of race is separate from the concept of Hispanic origin. Hispanic may be more than one race (e.g., Hispanic and White or Hispanic and Black).

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
240-535-3901